

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/09/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours work hardening

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

PM&R and Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 02/21/13, 02/13/13

Patient referral form dated 01/22/13

Request for IRO dated 03/15/13

Request for reconsideration dated 02/14/13

Request for authorization dated 02/07/13

Functional capacity evaluation dated 02/01/13

Psychological evaluation dated 02/05/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient tore a meniscus in her right knee after hitting her knee twice on the edge of a seat. Treatment to date includes 21 sessions of physical therapy at, steroid injections, right knee arthroscopy on 10/26/12, more physical therapy at and medications. Functional capacity evaluation dated 02/01/13 indicates that current medications are Celebrex and hydrocodone. Required PDL is

heavy and current PDL is sedentary. Per psychological evaluation dated 02/05/13, validity scales on the BBHI2 indicate a valid response pattern. Diagnosis is pain disorder associated with both psychological factors and a general medical condition.

Initial request for 80 hours of work hardening was non-certified on 02/13/13 noting that as suggested by the treating therapist, functional capacity evaluations are inherently subjective and inherently a function of effort. In this case, there is no evidence of a valid "work related musculoskeletal deficit" with additional and/or concurrent physical, functional, behavioral and/or vocational deficits. It is not clearly stated why the claimant has exhibited a delayed recovery. It is not clearly stated what the nature of the claimant's medical issues are. It is not clearly stated why the claimant has not returned to work on a trial basis and/or why the claimant cannot be rehabilitated on the job. Appeal letter dated 02/14/13 indicates that a torn meniscus and surgery would indicate a musculoskeletal deficit and a medical issue. There is no light duty available when loading and unloading luggage from aircraft and a trial return to work in this case would be a risk for re-injury. The denial was upheld on appeal dated 02/21/13 noting that the guidelines indicate that inconsistencies and/or any indication that the patient had performed below maximal effort should be addressed prior to treatment in any of these programs. The documentation submitted for review indicated a suggestion of poor efforts with borderline invalid functional capacity evaluation results. The symptom/disability exaggeration and failed validity criteria are thought to represent a voluntary effort to demonstrate a greater level of disability than is actually present. The documentation submitted for review did not provide evidence that the patient's symptom and disability exaggeration and failed validity criteria had been addressed. In addition, there is no evidence of a specific defined return to work goal or job plan.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient sustained injuries on xx/xx/xx and underwent treatment to include surgical intervention and physical therapy. The patient underwent a functional capacity evaluation on 02/01/13 which suggested poor efforts with borderline invalid functional capacity evaluation results. The submitted psychological evaluation states that the patient underwent Beck Inventory testing; however, these results are not documented. As such, there is no indication that the patient presents with a significant psychological component. Additionally, there is no specific, defined return to work goal provided. As such, it is the opinion of the reviewer that the request for 80 hours work hardening is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES